

## Newborn Screening

**Program Description:** Provides universal newborn screening and follow-up for a growing list of metabolic, endocrine, and blood disorders. The program also provides hearing screening and developmental risk assessments for newborns. In 2002, serious adverse physical and cognitive disabilities were prevented in 25 Rhode Island babies as a result of newborn screening and timely treatment and intervention

**Accomplishments:** A newborn developmental risk module, integrated with the new electronic birth certificate system (VR2000), began rolling out to hospitals in May. Focus groups with parents on informing about newborn screening activities in Rhode Island and KIDSNET have been completed. A mechanism is in place via the PRAMS survey of new mothers to monitor awareness of newborn screening in Rhode Island. Consumer input into genetics and newborn screening policy development has increased through outreach, focus groups, surveys and other means.

**Challenges:** Implementing new information system at each hospital, HIPAA, new screening test availability and additional cost

**Plan:** Include newborn screening heelstick summary results in KIDSNET. Populate newborn hearing and laboratory data systems with demographic data collected at newborn developmental risk assessment / birth certificate. Complete cost analysis of newborn screening programs. Complete policy and procedure manual, and CQI plan.

**Budget:**

Federal ..... \$567,000  
(Title V \$35,000)  
Newborn Screening Fees ..... \$393,000  
Total: ..... \$960,000

***In 2002, serious adverse physical and cognitive disabilities were prevented in 25 Rhode Island babies as a result of newborn screening and timely treatment and intervention.***

## Family Outreach Program

**Program Description:** Nurses, social workers, and trained paraprofessionals provide home assessments, connection to community services, and help with child development and parenting for almost one third of all families with new babies each year. Home visitors serve as the neighborhood follow-up staff for Newborn Screening, Early Intervention, Lead Poisoning, and Immunization programs.

**Accomplishments:** Data suggest an improvement in acceptance rate for hard-to-reach families. Standardized assessment forms and greater breadth of handout packets. Home visitors received over 300 hours of expert training.

**Challenges:** Identifying and review risk criteria to ensure families have access to Family Outreach Program.

**Plan:** Build prenatal home visiting capacity and reimbursement structure. Develop greater linkages with CEDARR. Plan program evaluation.

**Budget:**

Federal ..... \$202,234  
(Title V \$78,039.)  
State ..... \$400,000  
Total ..... \$602,234  
Medicaid ..... \$885,000

***Home visits in the prenatal period will impact birth outcomes, and allow for early identification and amelioration of environmental concerns.***

# Early Intervention

**Program Description:** Early Intervention supports families in promoting the growth and development of children with developmental challenges. Through a network of statewide providers, Early Intervention works with identified children and their families to conduct comprehensive evaluations and assessment, develop a care plan, and deliver family-centered services.

**Accomplishments:** The Early Intervention Program continues to reach out to families. This effort was supported by the development of new promotional materials and a targeted outreach to physicians and child care providers in Rhode Island who are primary referral sources for the program. As EI continues to grow, families remain pleased with the quality of EI services – 86% of families responding to a survey rated the program as excellent or very good. To ensure quality services, all new Early Intervention employees are required to take an undergraduate level course on the philosophy and practice of Early Intervention at the University of Rhode Island.

**Challenges:** The recruitment of staff to meet the needs of children served remains difficult given the continued shortages of therapists and educators in the state and in the nation.

**Plan:** Continue to support the expanded Early Intervention Provider system. Continue to improve the Early Intervention Quality Assurance system. Continued focus on Transition and other collaborative efforts with the Department of Education to assure an educational system that serves children and youth from birth to 21 years of age. Pursue the development of a pre-service program at the University of Rhode Island to increase the number of professionals trained to work with young children in Rhode Island. Document and disseminate longer-term child development impacts of Early Intervention.

**Budget:**

Federal .....	\$2,203,584
State .....	\$5,278,789
Medicaid .....	\$1,214,712
Total .....	\$8,697,085

*Early Intervention works to identify and address child development challenges very early. Many families begin Early Intervention soon after their baby is born.*

# WIC Program

**Program Description:** 26 WIC sites provide nutritious foods to 23,000 pregnant and breastfeeding women, infants and children, and promote breastfeeding through education and peer support. Farmers' Market program provides fresh, local produce. Nutrition assessment, education, and health promotion contribute to the long-term health benefits and effectiveness of the program.

**Accomplishments:** Average participation per month rose by 2.5%. Provided Farmer's Market Nutrition Program food vouchers state-wide. Local WIC agencies educated community organizations on the WIC program including COZ, Head Starts, and foster parent groups. Targeted outreach to prenatal health care providers. Breastfeeding rates have increased steadily over the last five years, with rates increasing from 13.8% in 2001 to 14.6% in 2002. For the first quarter of 2003, the rate is 16%. Focused on oral health needs of WIC families.

**Challenges:** Working families may not know they are eligible for WIC. While breastfeeding rates have improved, rates are still low statewide. Childhood obesity is evident within the WIC population. Old technology causing inefficiencies.

**Plan:** Improve customer service and retention. Enhance outreach/education to physicians and working families. Expand breastfeeding promotion and evaluate/enhance the Breastfeeding Peer Counseling Program. Focus on preventing dental caries and obesity. Obtain funding to improve technology.

**Budget:**

Food .....	\$14,353,566.
Nutrition Services .....	\$4,474,533.
Farmers Market .....	\$283,305.
Breastfeeding (State) .....	\$25,000.
MIS Special Projects .....	\$150,000.
Total: .....	\$19,286,404.

*Good nutrition is critical to a child's health and learning.*

# Immunization Program

**Program Description:** The Department of Health, with financial support from health insurers and the Centers for Disease Control, provides vaccines for all children, at no charge to families. The program sponsors public and professional education initiatives as well as special projects to ensure vaccination of those at highest risk for disease. The program takes advantage of federal vaccine contract prices, and monitors vaccine use closely.

**Accomplishments:** Rhode Island has highest rates of fully immunized children in the country. Completed strategic planning process. Enrolled 36 new schools in *Vaccinate Before You Graduate*, a school health partnership to increase the number of high school seniors who are fully immunized at graduation. Utilized KIDSNET to assist physicians in identifying unvaccinated children in chicken pox outbreak and providing information to physicians during a vaccine recall. RI was the first state in the nation to implement expanded ACIP recommendations for influenza vaccine in healthy children.

**Challenges:** New vaccines are expensive even at federal contract prices. New combination vaccines have been developed that cut down on the number of shots a child receives in the first year of life but which also increase costs. The 2000 Census shows an increase in the number of immigrants arriving in Rhode Island. Providing opportunities for the children in these families to receive updated vaccinations for immediate school entry is a priority.

**Plan:** Enhance efforts to identify children needing timely immunizations. Manage vaccine costs and resources effectively to be able to provide new vaccines as well as expanded recommendations for influenza vaccine. Continue to expand *Vaccinate Before You Graduate*. Develop campaign to increase awareness of Hepatitis prevention for high risk youth, working in partnership with Travelers Aid.

**Budget:**

Federal CDC .....	\$6,276,953
State .....	\$74,000
Insurers .....	\$5,629,052
Total .....	\$11,980,005

*Despite one of the highest rates of early childhood immunization in the country, one Rhode Island child in twelve is not fully immunized. Reaching these last, most vulnerable children requires the greatest effort.*

# Childhood Lead Poisoning Prevention Program

**Program Description:**

Develops and supports lead screening policies, monitors case management offered to significantly lead poisoned children, and promotes outreach and education to prevent lead poisoning.

**Accomplishments:** The formal "Evaluation of Case Management for Lead Poisoning in Rhode Island" was completed in January 2003, and an action plan is being formulated and implemented. The new lead surveillance system that will allow greater reporting flexibility and case management tracking will be in place on May 23, 2003. A new primary prevention effort targeting pregnant women was launched in September 2002, with supplemental funding from CDC.

**Challenges:** To develop and implement a plan to eliminate lead poisoning by year 2010, with scarce resources and multiple partnerships. Developing and sustaining primary prevention efforts to reach pregnant women and babies to ensure their environment is free of lead hazards.

**Plan:** Continue to seek support and partnerships for primary prevention efforts and the development of an elimination plan.

**Budget:**

Federal .....	\$900,000
(Title V \$100,000.)	
State .....	\$150,000
Total .....	\$1,050,000

*Lead poisoning has a profound effect on a child's learning. Since 1994, lead poisoning has been reduced from 23.1% of preschool children to 7.4% in 2002. While we have made significant progress, much work remains to be done.*

## Community Youth Development

### Program Description:

Supports youth success by engaging parents and other adults to focus youth assets and build on the strengths of adults to provide for the developmental needs of youth.

**Accomplishments:** Training of over 1,000 Men 2 B male role models for boys, in partnership with community based agencies and faith based organizations (FBOs). Development of the Meen2B training manual and an on-line and hard copy directory of resources for parents of 8 to 17 years old. Developed parent engagement strategies in an urban middle school using parent consultant.. Collaboration with sister state agencies and community agencies to address juvenile crime and delinquency, suicide prevention, teen pregnancy prevention, community school and out-of school time program development, fatherhood advocacy, high school redesign, mental and behavioral health capacity, and parent education.

**Challenges:** Parents are often raising their teens with limited access to useful information and resources, while communities and schools are struggling to engage parents, businesses and faith based organizations in a meaningful way to support healthy outcomes for children.

**Plan:** Analyze Men 2 B evaluation and revise protocols, programming, and marketing as necessary. Use coordinated media strategies to build Men 2 B and other parents education opportunities. Participate in statewide substance abuse prevention and youth development initiatives.

### Budget:

Federal Abstinence Education .....	\$168,811
State Family Life .....	\$43,430
Medicaid Match .....	\$20,110
Total: .....	\$232,351

*The single most important influence on a teenager's success is the presence of a constant caring adult in his or her life.*

## Health of School Age Children

There are many opportunities to address the critical health issues of school age children including, obesity, oral health, chronic conditions, tobacco use, mental and behavioral health concerns, school environmental concerns, food safety and access to health care.

**Accomplishments:** Secured \$388,353 in core state funding and \$136,647 in Medicaid match for School-based Health Centers. Received competitive grant from CDC for continuation of Healthy Schools! Healthy Kids! Coordinated School Health Initiative. Conducted in-depth interviews with superintendents and principals in 20 schools statewide to identify priorities, concerns, perceptions and data needs of schools.

**Challenges:** Several schools want to start SBHCS, but funds are still not available to support expansion; capacity is still lacking to meet the mental/behavioral health needs of students and their families; schools are struggling to meet high standards for student performance; childhood obesity has become epidemic.

**Plan:** Address school health and school based health center data needs. Develop a model of shared integrated leadership for enhanced coordination school health initiatives. Develop strategies to build mental/behavioral health service capacity in schools and prevention policies around socio-emotional health. Develop best practice tools and provide technical assistance to schools using Internet technology. Participate in RI Community School Alliance and State Prevention Planning Committee

### Budget:

Federal .....	\$100,000
State .....	\$388,353
Medicaid .....	\$150,000
Total .....	\$638,353

*Children's programs are housed in several state departments, so interagency and intra-agency teamwork is a critical ingredient for the enhancement and improvement of children's programs.*

# Families Raising Children with Special Health Care Needs

## Program Description:

Provides leadership to develop state policies and programs for families raising children with special needs. Direct support and contract management provided to parent advocacy organizations, pediatric specialty services, interdepartmental projects, and disability advocacy groups. Develops outreach and evaluation of family-centered services, “medical homes”, and program responsiveness to families raising children with special health care needs.

## Accomplishments:

Increased advocacy and support for family-centered services, increased number of families receiving support through the Child Development Center, developed strong relationship with sister state agencies advocating for and providing services to children with special health care needs.

## Challenges:

Rapid changes in technology have changed the population and the medical care system. Family-centered care is sometimes at odds with managed care and medical models.

## Plan:

Develop pediatric specialty care resource guide, medical passport for children with special health care needs and increase support to primary care physicians treating children with special health care needs. Provide leadership on state capacity building by identifying staff resources for the office.

## Budget:

Federal .....	\$815,000.
(Title V \$245,000.)	
State .....	\$470,103.
Total .....	\$1,285,103.

*The first support group for Spanish-speaking families raising children with special health care needs began this year.*

# Disability and Health

## Program Description:

Provides surveillance and provider training to improve the health of people with disabilities. Provides community interventions and public education related to assistive technology. Supports policy development on access to health care and related services and prevention of secondary disabilities.

## Accomplishments:

Extensive distribution of current disability surveillance data. Significant public outreach and provider training on health and wellness benefits of assistive technology. Frequent published research and products. Ongoing leadership in the disability community, including state level policy-making bodies. Capture of funding through 2005.

## Challenges:

Funding is limited given the number of people with disabilities. Federal grant up for competition after 2005.

## Plan:

Implement new assistive technology intervention. Expand training for health care and social service providers. Continue statewide surveillance plan of persons with disabilities. Support health promotion initiatives for persons with disabilities, working in partnership with other state and community-based agencies. Integrate disability objectives into the Rhode Island “Healthy People 2010” plan.

## Budget:

Federal .....	\$410,000.
(Title V \$30,000.)	

*One in five adults has a disability.  
The Department of Health promotes health and wellness for people with disabilities through community partnerships and interventions.*



## Women's Health Screening and Referral

### Program Description:

Provides comprehensive women's health screening, using a self-administered written screening tool, called a Care Questionnaire, **to women receiving pregnancy tests in Title X family planning agencies**. Provides **education and referrals for women with identified health risks**. Prevents unintended pregnancies, through provision of birth control, and improves pregnancy outcomes and women's health by identifying health risks. All women with health risks are referred for appropriate services.

### Accomplishments:

Since the program's inception in 1997, **over 16,000** women have been screened through the program.

### Challenges:

Limited services are available to address identified needs for teens and women who are not pregnant. **There is a need to expand WHSRP activities into other settings.**

### Plan:

Enhance community capacity to address the gaps in the system of care for women **by working by with key partners, including HEALTH's Office of Minority Health and newly created Office of Women's Health**. **Expand WHSRP activities into other settings by pursuing federal grant opportunities.**

### Budget:

Federal (Title V) ..... \$119,000.

***Almost 80% of women requesting free pregnancy tests through the program report that their suspected pregnancy was not planned, and almost 35% report they were not using birth control.***

## Family Planning

### Program Description:

Prevents unintended pregnancies and improves pregnancy outcomes by providing affordable, comprehensive family planning services. In 2002, 19,164 women and men received services through the family planning provider network, a 20% increase from 2001. In addition, the Family Planning Program provides no cost vasectomy services to uninsured adult men through a network of private physicians.

### Accomplishments:

The program was awarded competitive funding to implement a media campaign to increase awareness about the program, expand services to women being discharged from prison, expand services to adolescents, and expand HIV counseling, testing, and referral services in existing family planning sites.

### Challenges:

Even with supplemental funding, grants to contracted agencies do not support the full range of services provided. Many women still do not have access to effective, affordable family planning. About 40% of women in need of publicly funded family planning services in Rhode Island receive them. Men also are not well served—in 2002, less than 8% of the clients served by the Family Planning Program were males.

### Plan:

Target grant dollars to highest priority populations. Pursue federal and private foundation grants to enhance funding base.

### Budget:

**Federal**..... \$1,233,611

(Title V: \$15,000)

State ..... \$70,548

**Total**.....**1,304,159**

***Rhode Island ranks 30th among states in the provision of family planning services to those in need***

## Parent Consultant Program—Infrastructure Investment

**Program Description:** Recruits, trains, and supports parents as partners for outreach, policy development, and quality improvement, in state and local level assignments. Provides public education and a voice for family-centered, culturally competent programs.

**Accomplishments:** Strengthened partnerships with parent groups, including the Ready to Learn Providence, Rite Care Advisory Committee, Family Voices, the Parent Involvement Coalition, the Parent Support Network, and other health care groups. Recruited and trained a new group of parent consultants. Parent Consultants assigned to each Early Intervention provider, solidly connecting family input and with quality assurance and assuring “family centered practices”.

**Challenges:** Developing a comprehensive training curriculum for enhancing parent-professional relationships. Meeting the information and support needs of all families on the Early Intervention Program (EI). Focusing on cultural competence issues for Family Health programs.

**Plan:** Develop mentoring curriculum and identify funding to support training for mentors. Develop an evaluation plan for the program. Increase parent consultants’ quality assurance activities. Develop new resources and identify existing resources to meet the information and support needs of all families on EI. Keep in contact and support former parent consultants.

**Budget:**

Federal .....	\$568,427.
(Title V \$180,000.)	
State .....	\$34,000.
Total .....	\$602,427.

***Parents have changed the culture of the Department. They strengthen families and communities in a dynamic way, making our programs much more effective.***

## Communication and Policy—Infrastructure Investment

**Program Description:** Develops and supports health communication and public engagement efforts in partnership with programs. Ensures that clear and consistent messages are communicated through all campaigns. Provides consultation on communication and policy issues in support of Division-wide goals. Coordinate policy option development and inter-departmental policy initiatives.

**Accomplishments:** Completed comprehensive Early Intervention Campaign designed to increase appropriate referrals to the Program from physicians and child care providers. Assisted in the development of the Department’s Bioterrorism Communication Campaign. Conducted formative research for an integrated informing strategy for Newborn Screening Programs. Developed new program materials for Child Care Support Network, Child Opportunity Zones, and other Division programs. Increase number of Family Health programs with web-based information. Completed comprehensive assessment of Communication Unit. Developed Distribution Center inventory system and upgraded Family Health Information Line database.

**Challenges:** New and intrinsically intense domain, with cultural changes needed. Expertise and resources are expensive. Adequate resources for evaluation have not been allocated. Need to develop a cost-effective strategy to reach out and deliver program information to families who do not speak English and Spanish.

**Plan:** Enhance capacity and expertise to design, implement, and evaluate communication campaigns. Develop and produce a portfolio of materials in support of Division programs. Provide communication and media relations training to Division staff and community partners.

**Budget:**

Unit Support .....	\$290,000
(Title V \$65,000)	
Campaigns .....	\$591,271
(Title V \$150,000)	
(Programs \$380,271.)	

***Effective public health communication requires planning and resources and involves families as key partners.***

## Community Family Health Partnerships—Infrastructure Investment

**Program Description:** Develops and supports community self-assessments and neighborhood based system improvement plans. Supports integrated community investments (Community Partnership Projects, Child Opportunity Zones, Family Resource Counselors, State Early Childhood Comprehensive Systems).

**Accomplishments:** Community Partnership Projects, COZs, and the Family Resource Counselor Program have leveraged more than \$3 million in federal and private funds with a relatively small initial “infrastructure investment.” Community Partnership Projects have helped core urban communities to assess the status of young children and to implement strategies to ensure that children arrive at school healthy and ready to learn. Family Resource Counselors assist families with enrolling in key program,s including Rlte Care and WIC. Our State Early Childhood Systems project will support a comprehensive plan to improve childhood systems statewide. allow HEALTH to examine and improve early childhood systems statewide.

**Challenges:** Emphasis of federal funding partners is changing, and often prescriptive. Community partnerships need stable support to be effective. State funds used to leverage federal and private dollars remain vulnerable as the state looks to cut program costs in response to a budget deficit. Community partnerships are varied in membership and leadership. As federal outreach funds become depleted, long-term funding must be secured for the FRC Program.

**Plan:** Develop a broad statewide multi-agency plan for a coordinated system of services for children birth to five. Enhance capacity to use data for community level planning and systems building. Identify funding to institutionalize community planning efforts and FRC Program long term. Continue partnership with Departments of Human Services and Education to enhance and expand community-based outreach and to build community school partnerships.

### Budget:

Federal .....	\$618,000.
(Title V \$223,500.)	
State .....	\$30,000.
Total .....	\$648,500.

*Stable and healthy neighborhoods provide opportunities and connections that parents and families need to succeed.*

## Early Childhood Development—Infrastructure Investment

**Program Description:** Supports policies and programs to promote healthy development in early childhood, with a focus on early care and education, parent education, social-emotional health, and medical homes.

**Accomplishments:** Child Care Support Network provides on-site technical assistance for center-based and home providers around enhancing quality and providing services to children with special health care needs, with concentration in high need urban communities, including bi-lingual services to Spanish-speaking home based providers. Healthy Childcare America grant provided support for program development around early childhood social/emotional health, which became a centerpiece of the State Early Childhood proposal.

**Challenges:** Many gaps exist in local and statewide services, community resources and systems of care especially mental health and family support. Basic components of the early childhood system need to be better coordinated to more effectively meet family needs.

**Plan:** Build a cross service system integration-planning group. Develop a broad statewide multi-agency plan for early childhood, which supports a coordinated system of services for children birth to five, in partnership with the departments of Human Services; Children, Youth, and Families; and Education. Use shared indicators for early childhood health and development to track progress and strengthen the early childhood system. Expand Child Care Support Network services to reach more providers. Focus on childcare opportunities to educate parents.

### Budget:

Federal .....	\$400,000
(Title V \$ 50,000)	
(DHS \$200,000)	
Total .....	\$400,000

*A safe and healthy child care environment benefits all members of the family, and is one of the best ways to give a child a good foundation for later learning.*



## KIDSNET—Infrastructure Investment

**Program Description:** KIDSNET is an integrated information system designed to make sure all children receive newborn screening, lead screening, immunization and other early childhood preventive services.

**Accomplishments:** 56% of provider offices participate in KIDSNET, which represents 75% of children born in 1997 or later. Data collection efforts at birth hospitals for four different newborn programs are being integrated and streamlined. Head Start agencies now have access to KIDSNET. A technology assessment was completed and a plan for making technical improvements to KIDSNET including web enablement was developed and has begun.

**Challenges:** Technological advances are rapid. Multiple technical improvements include web enablement, improving data capture for physician offices, improved matching from different data sets, and better reporting capabilities. More effort needs to be placed on utilizing the data especially across programs. Better methods to assuring the data is complete, timely and accurate are needed. Integrated quality improvement efforts among children's preventive services (Lead, KIDSNET) in conjunction with Managed Care organizations need to be expanded to focus on immunizations. Need to develop relationships for sharing data for school entry with schools and other agencies coordinating care.

**Plan:** Increase completeness, accuracy, and timeliness of data capture. Continue to enroll large volume health care providers in KIDSNET. Complete implementation of technology improvements, Develop data sharing agreements and processes for sharing information with specialty providers and schools. Roll out new web enabled KIDSNET to providers, and school nurse teachers.

**Budget:**

Federal .....	\$795,510.
(Title V \$120,000.)	
State .....	\$102,000.
Restricted Receipt .....	\$264,000.
Total .....	\$1,161,000.

***KIDSNET helps doctors and families  
make sure that all kids receive complete preventive  
health care, to keep them well.***

## Data and Evaluation—Infrastructure Investment

**Program Description:**

Develops, supports, collects, and analyzes data for needs assessment, policy development, program management, quality assurance, and reporting in collaboration with local, state, and national partners.

**Accomplishments:**

Continued to provide data and technical assistance to community partners, including Rhode Island KIDS COUNT, the Providence Plan, and the Rhode Island Chapter of the March of Dimes. Rhode Island Birth Defects Surveillance Program works to more actively identify newborns with birth defects. Developed and implemented Rhode Island's Pregnancy Risk Assessment Monitoring System (PRAMS), a survey of recent mothers, with a response rate over 70%.

**Challenges:**

Rapid increases in interest and demand for information on children's health and development. Constant changes in technology and information systems.

**Plan:**

Expand information, analysis capacity, and partnerships (e.g. Rhode Island KIDS COUNT, Providence Plan, Rhode Island Chapter of the March of Dimes, and state agencies). Enhance PRAMS and the Birth Defects Surveillance System. Continue to support Family Health programs in data analysis and evaluation.

**Budget:**

Federal .....	\$399,000.
(Title V \$70,000.)	
State .....	\$85,000.
Medicaid .....	\$69,000.
Total .....	\$553,000.

***Data are the foundation for planning, policy development,  
program management, and quality assurance.***

## Administration Unit—Infrastructure Investment

### Program Description:

Manages Division of Family Health resources (budget and staff) and investments (purchases and contracts). Monitors and manages federal grants, private funding, and other federal and state requirements. Provides managerial assistance to programs.

### Accomplishments:

Transitioned accounts and payment mechanism to a new state purchasing system. Established improved procedure for tracking federal grants. Successfully assisted Family Health programs in meeting federal requirements.

### Challenges:

Large, complex portfolio (\$50 million and 70 FTEs), with many new ventures.

### Plan:

Implement periodic program self-assessments and reviews. Expedite miscellaneous purchases. Review and implement a Division-wide quality assurance plan with a focus on appropriate performance measures.

### Budget:

Federal .....	\$158,000.
(Title V \$123,000.)	
State .....	\$49,000.
Medicaid .....	\$163,000.
Total .....	\$370,000.

***Sound management in public health requires good information, clear vision of complex goals, and diplomacy.***